

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

CLERK
US DISTRICT COURT MD GA
P O BOX 124
COLUMBUS, GA 31902

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent☐ Addressee

B. Received by (Printed Name)

JSC

C. Date of Delivery

8-30-07

Address different from item 1? ☐ Yes
delivery address below: ☐ No☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

07-705 Transfer case
7006 2760 0005 4873 7934

Domestic Return Receipt

102595-02-M-1540